



REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, provide the case number: _____

PARTIES Include information for all parties involved.

EMPLOYER Snoqualmie Pass Fire & Rescue
Contact Jay Wiseman
Title Fire Chief
Address 1211 SR-906
City, State, ZIP Snoqualmie Pass, WA, 98068
Phone (425)761-0781 **Ext.** _____
Email JWiseman@spfire.org

PETITIONER IAFF Local 4880
Contact Robert Hyslop
Title IAFF Field Service Representative
Address 18504 SE 287th St
City, State, ZIP Kent, WA, 98042
Phone 509-432-4190 **Ext.** _____
Email Robert.h.hyslop@gmail.com

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) _____
Contact _____
Title _____
Address _____
City, State, Zip _____
Phone _____ **Ext.** _____
Email _____

TYPE OF REQUEST Select ONE of the following.

- ☒ **NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ☐ **ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- ☐ **CHANGE REPRESENTATIVE** of existing bargaining unit.
- ☐ **REMOVE REPRESENTATIVE** of existing bargaining unit.

BARGAINING UNIT

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

SECTION 1—Describe the Existing Bargaining Unit:

Number of Employees in Existing Unit _____

SECTION 2—Describe the Proposed Bargaining Unit:

All uniformed employees as defined by RCW 41.26.030, defining Firefighter, working at Snoqualmie Pass F&R, excluding the Fire Chief, Deputy Chiefs, part-time Firefighters, volunteer Firefighters and/or supervisors, and all other employees.
Number of Employees in Proposed Unit 3

If a CBA exists, what is the expiration date? N/A

SHOWING OF INTEREST

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

PETITIONER REPRESENTATIVE

Name Robert Hyslop
Address 18504 SE 287th St
Phone 509-432-4190 **Ext.** _____
Signature Robert Hyslop

Title IAFF Field Service Representative
City, State, ZIP Kent, WA, 98042
Email Robert.h.hyslop@gmail.com
Date 04/18/2023

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON**

Robert Hyslop

Case Number

Petitioner/Complainant/Filing Party

v.

CERTIFICATE OF SERVICE

Snoqualmie Pass Fire & Rescue

Respondent/Responding Party

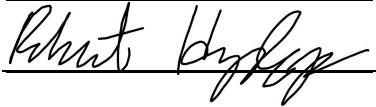
I certify that I served a copy of this *(title of document)* Representation Petition, Form E-1
on all parties or their counsel of record on *(date)* Apr 18, 2023

To:	Name	Jay Wiseman		
	Organization	Snoqualmie Pass Fire & Rescue	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	1211 SR-906	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Snoqualmie Pass, WA 98068	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	Jwiseman@spfire.org		
	Fax			
To:	Name	William J. Powers Jr.		
	Organization	Snoqualmie Pass Fire & Rescue	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	1211 SR-906	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Snoqualmie Pass, WA 98068	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	BPowers@spfire.org		
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email			
	Fax			

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted Apr 18, 2023

Print Name Robert Hyslop

Signature 



From: [Robert Hyslop](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Petition for Representation Snoqualmie Pass Fire & Rescue
Date: Tuesday, April 18, 2023 1:56:33 PM
Attachments: Certificate-of-Service..pdf
SPFR E1 Form.pdf
Interest Cards.pdf

External Email

To PERC,

Please find the attached E-1 form for representation of employees not previously represented at the worksite of Snoqualmie Pass Fire & Rescue. Additionally attached are the show of interest cards by the prospective bargaining unit employees, and the certificate of service. The employer and elected representative of the District has received the E-1 as well.

Sincerely,

Robert Hyslop
IAFF 7th District Field Service Representative
509-432-4190